

# METROPOLITAN DETROIT RESEARCH & EDUCATION FOUNDATION

## TIME AND ATTENDANCE REPORT

**PERIOD:** \_\_\_\_\_

**EMPLOYEE NAME:** \_\_\_\_\_

DAY	Date	TIME IN	OUT	HW	AL	SL	H	DAY	Date	TIME IN	OUT	HW	AL	SL	H
Sunday								Wednesday							
Monday								Thursday							
Tuesday								Friday							
Wednesday								Saturday							
Thursday								Sunday							
Friday								Monday							
Saturday								Tuesday							
Sunday								Wednesday							
Monday								Thursday							
Tuesday								Friday							
Wednesday								Saturday							
Thursday								Sunday							
Friday								Monday							
Saturday								Tuesday							
Sunday								Wednesday							
Monday								Thursday							
Tuesday								Friday							
								Saturday							
<b>Total Hours</b>															

Note: HW = Hours Worked

Indicate annual leave (AL) sick leave (SL) Holiday (H) hours in appropriate column

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

This sheet must be signed and submitted to Mary Jo Brady, Research Office, Room B4270  
no later than 4 pm on the last day of the pay-period (15th of each month).